

Please print in ink. You must complete and sign the application at the end.

Date: _____

Applicant Information

Name (first, middle, last)

Address (street, city, state, zip code)

Phone Number

Email address

Are you legally authorized to work in the US? (If hired, you will be required to provide proof or work authorization)

Yes No

Are you at least 18 years old? Yes No

If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.

Have you ever worked at Tamarack Packaging before?

Yes No

Are you currently Employed?

Yes No

Will you travel if your job requires it?

Yes No

Will you work overtime if required?

Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position?

Yes No NA

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No NA

Position Applying For

For what position are you applying?

Part-Time or Full-Time Desired

Desired Compensation

Shift Preference

When can you start?

How were you referred to the company?

Employment Agency

Current Employee (Please name) _____

Walk-in

Job search Engine (Indeed, Monster, etc.)

Friend/Relative

Other, please describe: _____

Special Skills

1. If relevant, please describe word-processing speed, software knowledge, and office equipment experience.

2. If relevant, please describe experience using manufacturing machines and equipment.

3. Please list other valuable skills you possess that would be valuable to the company.

Education

School	Name and Location (city, state)	No. Years Attended	Major Subjects	Diploma or Degree Received	
				Yes	No
High School					
College					
Graduate					
Other (specify)					

Training Courses

List any relevant training programs completed.

Course/Seminar	Sponsoring Organization	Content	Date(s) Attended

Required License(s)

If required to drive a motor vehicle for the job applying for, please provide your:

1) Driver's license number	2) State issued	3) Expiration date

Are you licensed/have certifications which will assist in the job? Please explain.

Registration or License Number	State Issued	Expiration Date

Employment History (Start with most recent; use separate sheet if necessary)

Name of Employer		Telephone
Address		
Job Title	Employment Dates (month and year)	
Name of Immediate Supervisor	From	To
Description of Duties		
Compensation – start	end	Reason for Leaving
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

Name of Employer		Telephone
Address		
Job Title	Employment Dates (month and year)	
Name of Immediate Supervisor	From	To
Description of Duties		
Compensation – start	end	Reason for Leaving

Name of Employer		Telephone
Address		
Job Title	Employment Dates (month and year)	
Name of Immediate Supervisor	From	To
Description of Duties		
Compensation – start	end	Reason for Leaving

Employment References (List individuals familiar with your job qualifications (other than relatives or personal friends).

Name	Day Telephone
	Evening Telephone
Address	
Relationship	How long known?

Employment References (continued)

Name	Day Telephone
	Evening Telephone
Address	
Relationship	How long known?
Name	Day Telephone
	Evening Telephone
Address	
Relationship	How long known?

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired, regardless of when such information is discovered.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any persons or organizations providing information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. I understand that prior to my employment I may be asked to sign a background check consent form or other documentation to facilitate my hiring. I agree to sign these forms.
5. I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.
6. **This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment based on his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. The Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person be- cause of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether a manager, coworker, subordinate, or non-employee (such as a vendor or customer) commits it. The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.**
7. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signature of Applicant

Date

Thank you for your interest in our company.

For the most current edition of this document, visit our website at: www.tamarackpackaging.com.